

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid for		Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total	35	Minus	35	0	x 9	0	x 18	-
Indep.	2	Minus	2	0	X 42	0	x 84	-
Fee for Multiple Dependent Claims					+140	0	+280	-
TOTAL ADDITIONAL FEES						0	OR	-

5. **Method of Payment of Fees**

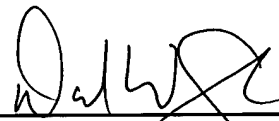
- (x) Enclosed is our firm checks in the amount of: \$460.00
() Charge \$ _____ to Deposit Account No. 50-1214.

6. (x) Change of Address Communication.

7. (x) The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1214. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1214. This sheet is filed in duplicate. Respectfully Submitted,

Decemer 4, 2002
(Date)

By:



David W. Clough, Ph.D.
Registration No. 36,107

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